

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42492

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** CEDARBEND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

784 JORDON CT  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 620985  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3058281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HADLEY, ROGER TD  
640 NEILE CT  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

HADLEY, CATHLEEN TD  
640 NEILE CT  
OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHLEEN HADLEY

01/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: GARCIA, JOHN  
Address: 531 RACHAEL CT  
City-St-Zip: OVIEDO, FL 32765

Title: TD  
Name: HADLEY, CATHLEEN  
Address: 640 NEILE CT  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: SIZER, KEN  
Address: 625 NEILE CT  
City-St-Zip: OVIEDO, FL 32765

Title: SD  
Name: GONZALEZ, ILEANA  
Address: 733 JORDAN CT  
City-St-Zip: OVIEDO, FL 32765

Title: PD  
Name: BONNIE, HARRISON  
Address: 784 JORDON CT.  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHLEEN HADLEY

TD

01/23/2011

Electronic Signature of Signing Officer or Director

Date